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Better Times—More Marriages

NINETEEN THIRTY-THREE furnished several indications of an upward turn in the economic tide; but one of the best proofs of better times was the increase in the number of marriages last year. Preliminary figures which the Statistical Bureau of the Metropolitan Life Insurance Company has secured from officials of 21 states show this situation fairly definitely. There is now every indication that large numbers of young men and women whose wish to be married could not be carried out during the depression years, were able to consummate it in 1933. Re-employment, larger earnings and better prospects have increased the confidence of large numbers of men and women in their ability to establish homes and to raise families.

The facts upon which the above statement is predicated relate to a group of 21 states. These include more than a third of the total population of the United States and cover seven of the nine main geographical divisions of the country. In the aggregate, the marriage rate rose from 7.66 in 1932 to 7.99 in 1933—an increase of 4.3 per cent. While the figure is still low in comparison with normal years, the turn is in the right direction, and in strong contrast to what happened between 1929 and 1932, when the American marriage rate dropped a total of 22.4 per cent., or 7.5 per cent. per year, on the average. There is every reason to believe that what has happened in these commonwealths is a reliable index of the course of the marriage rate for the entire United States.

Reports were received from all of the six New England States except Massachusetts. Increases in marriages were recorded in all but Vermont, where a negligible decline occurred. In the Middle Atlantic States, New York showed a very slight decline and in New Jersey there was a slight rise.

In the East North Central States, Michigan and Wisconsin both showed sizable increases in the marriage rate. In like manner, in the West North Central States, Kansas reported 1,535 more marriages in 1933 than the year before, which is equivalent to a 9 per cent. rise in the rate.

The marriage figures are also at hand for four of the nine South Atlantic States, namely, Delaware, District of Columbia, Maryland and Virginia. All showed gratifying in-

creases in marriages. In the Mountain States, Utah and Idaho showed increases. Nevada alone showed a decline. On the Pacific Coast, California registered an increase; in Oregon there was a decrease.

Taken altogether, sixteen of the twenty-one states heard from showed increases and, in the remaining, there was either no change or a slight decline. While the information is by no means complete, it is, nevertheless, fairly indicative of a change in trend as compared with the earlier depression years, 1930, 1931 and 1932. Such data as are available for the early months of 1934 show a further increase in marriages. It would appear, therefore, that the trend has been definitely reversed and that a sizable proportion of the two million young men and women who postponed marriage during the difficult days of the depression are plucking up courage and getting married as young people should.

The Relation of Season to Fatal Accidents

As might be expected, fatal accidents are often concentrated in certain periods of the year reflecting the special hazards of the seasons. The summer months, given as they are to vacationing and out-of-door life by large numbers of people, have more than their proportionate share of the total. In this respect, deaths from accidents are distributed somewhat differently from those caused by disease, which, with some few exceptions are concentrated in the winter months.

The mortality statistics of the United States Registration Area show that for the three-year period, 1929 to 1931, about 29 per cent. of the deaths from accidents occurred in the summer months, as compared with 25 per cent. in the fall, and 23 per cent. in both the winter and spring. The largest proportion of the deaths, for any single month (10.7 per cent.), occurred in July.

Let us consider first those accidents which cause death, in large part, during the warm months. The outdoor activities of the summer, wholesome and necessary as they are, involve distinct hazards. This is true, in particular, of swimming. More than 55 per cent. of the drowning accidents occur in June, July and August. The death toll from this cause is largely preventable, due as it is in many instances to the carelessness or recklessness of the swimmers. Some of it, however, could be prevented by more adequate supervision of bathing beaches and water sports in general. Drownings at the hundreds of summer camps for boys and girls are rare, indeed, because swimming and boating are supervised and up-to-date methods of resuscitation are usually at hand when accidents do occur.

Other forms of accidents which register their maximum mortalities in the summertime are food poisonings, poisonings by venomous animals (including insects and reptiles), airplane and balloon accidents, injuries by "other vehicles" (largely horse-drawn), crushing acci-

dents, injuries by non-venomous animals, starvation and thirst, excessive heat, lightning and other electric shocks, and water transportation accidents. With the possible exception of electric shocks not due to lightning, the reason for the predominance of summertime deaths is apparent in the case of each of these.

On the other hand, the accidents which take their greatest toll during the cold months are accidental burns, injuries received in burning buildings, mechanical suffocations, inhalation of irrespirable, irritating or poisonous gases and street-car accidents. The reasons for the predominance of these in the winter are perhaps not so obvious as for those which occur chiefly in summer. The enforced indoor life of the winter, when furnaces, gas heaters, oil stoves or other forms of heating apparatus are essential, involves the maximum of exposure to the risks of accidental burns, deleterious gases and injuries in burning buildings. Conflagrations, year in and year out, are more frequent in the winter months. One-half of the deaths from irrespirable, irritating and poisonous gases (including those from carbon monoxide poisoning in garages) occur in the four-month period, December to March, that is, in the period when there is the maximum use of heating apparatus, and when windows and garage doors are too often kept closed. It is hard to assign a reason for the cold-weather predominance of street-car accidents.

Gun shot wounds have their maximum incidence in the fall. Four deaths out of every ten occur between October 1st and the end of the year. While the mortality statistics do not disclose how many of these deaths are the result of hunting accidents, there appears to be no better explanation for the large number of deaths at that time of the year. There is a high incidence of mine and quarry fatalities in both the fall and winter seasons. We know of no explanation for this.

A study of the accident mortality records for 1929 to 1931 shows no pronounced concentration at any period of the year for accidents resulting from poisonings by solid or liquid substances (except food poisonings), traumatism by cutting or piercing instruments, falls, and for railroad accidents. For some unknown reason deaths by accidental cuts and stabs are *less* frequent in the final third of the year than at any other time, and more occur during July than in any other one month. Distinct peaks for accidental falls are in evidence for the widely separated months of January and July; and fatalities resulting from railroad travel are more numerous from May to December than during the first third of the year.

Automobile fatalities, exclusive of those involving collisions with railroad trains or street-cars, show a sharp rise beginning with May; they increase steadily in June, July and August, and reach their peak in the late summer and during the fall. Their relative infrequency during the cold months reflects the diminished use of motor vehicles.

Per Cent. Distribution, by Months, of Deaths from Accidental or Undefined External Causes. United States Registration Area for Deaths, 1929-1931

Kind of Accident	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Accidental or Undefined External Causes.	8.0	6.8	7.3	7.5	8.1	9.1	10.7	9.1	8.3	8.4	8.3	8.4
Poisoning by food	7.6	7.8	7.1	7.8	9.2	8.2	10.6	10.8	10.3	8.0	6.2	6.4
Poisoning by venomous animals	0.9	1.3	2.2	5.3	8.7	16.8	18.1	16.5	11.8	12.8	3.4	2.2
Other acute poisonings (gas excepted)	8.2	7.6	8.7	8.5	8.5	8.3	8.7	8.0	8.2	8.1	8.2	9.0
Conflagration	12.7	10.4	10.7	15.0	5.8	4.4	4.9	5.7	5.3	6.4	8.1	10.6
Burns (conflagration excepted)	12.7	10.9	10.4	8.6	6.7	6.1	6.2	5.5	6.0	7.4	8.8	10.7
Mechanical suffocation	12.5	10.3	8.9	9.0	7.2	6.0	5.4	6.1	6.4	7.9	9.7	10.6
Absorption of irrespirable, irritating or poisonous gas	15.3	11.3	9.5	8.2	7.8	4.8	3.4	3.7	4.6	8.2	10.1	13.1
Drowning	2.8	2.8	4.6	6.3	10.2	18.9	23.9	13.9	7.0	3.9	3.0	2.7
Traumatism by firearms	8.8	6.2	6.0	5.6	6.2	6.4	6.7	7.2	7.5	10.5	15.0	13.9
Traumatism by cutting or piercing instruments	8.4	8.7	9.6	8.7	8.9	8.5	10.4	8.5	7.5	7.2	6.1	7.5
Traumatism by fall	9.4	8.1	8.4	7.7	8.3	8.3	8.9	8.0	8.1	8.3	7.8	8.7
Traumatism in mines and quarries	9.9	8.3	8.8	7.5	7.5	7.4	7.7	8.2	8.0	9.3	8.9	8.5
Traumatism by machines	7.2	7.2	6.9	8.7	9.5	9.3	10.0	8.6	8.8	9.0	7.8	7.9
Railroad accidents	7.8	7.0	7.7	7.9	8.7	8.2	8.9	9.2	9.1	8.8	8.6	8.1
Collision with automobiles	8.8	7.9	7.9	8.4	8.6	6.5	7.3	8.1	7.9	9.6	9.9	9.1
Other railroad accidents	7.3	6.6	7.5	7.7	8.7	9.0	9.6	9.7	9.6	8.5	8.1	7.7
Street-car accidents	10.2	8.1	7.8	8.1	7.8	7.1	7.9	7.7	8.4	8.8	9.1	9.0
Collision with automobiles	11.3	8.0	6.9	7.6	6.8	8.0	8.0	9.3	8.3	8.6	8.8	8.4
Other street-car accidents	9.5	8.3	8.3	8.4	8.4	6.5	7.8	6.7	8.5	8.9	9.3	9.9
Automobile accidents (excluding collisions with railroad trains and street-cars)	6.7	5.6	6.4	7.0	7.9	8.3	9.3	9.9	9.9	10.0	9.9	9.1
Airplane and balloon accidents	6.0	4.8	7.2	7.7	8.8	10.2	13.4	10.9	12.5	8.5	6.3	3.7
Injuries by other vehicles	7.3	6.1	6.6	7.7	7.9	9.0	12.4	11.3	9.7	8.9	6.6	6.5
Landslide, other crushing	8.9	6.7	8.4	7.2	10.1	8.6	7.3	10.1	8.2	9.2	7.5	7.8
Injuries by animals (not poisoning)	6.2	6.2	6.7	8.7	9.9	10.2	10.7	10.1	8.9	9.1	6.9	6.4
Wounds of war	5.9	11.8	—	5.9	11.8	11.7	11.7	11.7	5.9	5.9	5.9	11.5
Starvation (deprivation of food or water)	10.4	7.4	7.4	9.0	4.5	17.9	10.4	9.0	3.0	6.0	6.0	9.0
Excessive cold	35.0	17.1	11.9	2.3	1.0	0.8	0.6	0.5	0.2	1.3	10.3	19.0
Excessive heat	0.1	—	*	0.2	1.7	27.7	54.4	12.2	3.3	0.3	0.1	*
Lightning	0.1	0.1	1.4	4.0	11.5	21.9	30.2	19.4	8.8	1.9	0.3	0.4
Other accidental electric shocks	3.6	4.6	5.4	7.4	9.0	13.0	14.7	13.5	12.1	7.2	5.2	4.3
Water transportation accidents†	2.8	4.5	5.6	7.1	13.9	14.4	14.0	11.2	9.8	5.0	7.4	4.3
Other accidents	8.4	7.6	8.2	8.9	9.0	8.2	9.0	8.2	7.5	8.3	8.3	9.1

*Per cent. less than .05.

†Water transportation accidents for the years 1930 and 1931.

Longevity in the East North Central States 1929-1931

THE State of Wisconsin, so far, has made the top score of longevity among the states for which life tables have been computed in the Statistical Bureau of the Metropolitan Life Insurance Company, up to date. The list so far comprises the Middle Atlantic States, New York, New Jersey and Pennsylvania; and East North Central States, Ohio, Indiana, Illinois, Michigan and Wisconsin. Computations are still in progress for other states, and it remains to be seen whether Wisconsin can clinch the lead when the lists are closed for all the states. In the meantime, the Badger State may rejoice in having achieved an average length of life of 61.51 years for white males and 64.60 years for white females. While this is still, by several years, less than the splendid record made by New Zealand, namely, 65 years for males and nearly 68 years for females, yet it is really a very fine showing. Not so many years ago we were inclined to think of a person 60 years old as almost superannuated. Now we see that the 60 year mark is actually less than the average length of life of white males in two of the states comprised in the East North Central division, namely, in Wisconsin and also in Indiana. The white males having passed the 60 year mark, it follows as a matter of course that the white females have exceeded it by a good margin, since there is always an advantage of a few years in favor of the females. Actually, the figure for white females in Indiana is 62.79.

The accompanying table exhibits not only the figures cited, but details for the first five years of life by single years, and for every fifth year of life thereafter for the five states of this geographical division.

As in the similar table for the Middle Atlantic States published last April, there have been shown in bold face type in the present table those figures which, for the states in question, better the general average for the United States. As regards the expectation of life, these bold face figures will be found concentrated in the columns for males, where for the States of Ohio, Indiana, Michigan and Wisconsin they indeed occupy almost the whole of the table. These states, then, for the white males, have done better than average over practically the whole range of life. The State of Illinois is not so fortunate. Here we see only a few bold face type figures towards the end of life, where not much significance can be attached to them. At ages 75 and under, Illinois is below average for white males.

The case of white females is slightly different. Here figures better than average are shown up to age 55 in Ohio and up to age 80 for Wisconsin. But in the States of Indiana and Michigan the bold face figures are found to occupy only restricted parts of the table, namely, ages 20 to 60 for Indiana and ages

30 to 55 for Michigan. Illinois, in the case of white females, exhibits a similar situation as in the case of white males, namely, figures below average at all ages except 70 to 85.

It is also of interest to compare the figures for the period 1929-1931, exhibited in the table, with the corresponding figures for the last official table, namely, that for 1919-1920. This comparison is made visible to the eye by the daggers placed opposite certain figures of the table. Wherever a dagger appears it indicates that the new figure for the expectation of life is lower than the old. Among white males it will be seen that such daggers are scattered rather plentifully, in each of the states shown, at the later ages of life. In this respect the State of Wisconsin loses a little of its glory, for it has more of these daggers against the figures for white males than any other state shown, namely, from age 25 to the end of life, with only one unimportant exception. Furthermore, Wisconsin shows similar retrogression in the expectation of life among white females at ages 50 to 80, whereas Indiana and Michigan have no figures thus marked among the white females, and Ohio and Illinois only a few at late ages of life. The fact that there has been this retrogression in the State of Wisconsin, so far from being necessarily an occasion for disquietude, might actually be regarded as a cause for assuming a rather hopeful view of the situation; for, if Wisconsin in 1919-1920 managed to do better at the higher ages than it has done in quite recent years, perhaps we are justified in hoping that in the future it will manage to repeat its former record at these higher ages, and then its average length of life will be even better than today.

The lower half of the table exhibits the mortality rates per 1,000. In a general way this necessarily reflects the same situation as that presented in the upper panel, where the expectation of life is shown. The groups of figures in bold face type are, however, somewhat more scattered into separate islands. In computing the expectation of life, since this is an averaging process, the effect of mortality at successive ages tends to become somewhat diffused over a range of ages.

One point, of course, has to be taken into account in forming one's judgment regarding the record made by the various states. It is a familiar fact that the deathrate in rural districts is usually appreciably lower than in urban. Therefore, it is of interest to note what is the relative proportion of urban and rural population in each of the states of the East North Central group.

It is found on investigation that if the states are arranged in order of the proportion of rural population in the total, they at the same time fall essentially in order of rank as regards expectation of life at birth for white males. Thus, Wisconsin which has the highest proportion of rural population, namely, 56.3 per cent., is also the one with the greatest average length of life.

Expectation of Life and Mortality Rate per 1,000 at Specified Ages, for White Persons, by Sex. Ohio, Indiana, Illinois, Michigan, Wisconsin for the Period 1929-1931

Age	Males					Females				
	Ohio	Indiana	Illinois	Michigan	Wisconsin	Ohio	Indiana	Illinois	Michigan	Wisconsin
	Expectation of Life									
0	**59.78**	**60.04**	59.02	**59.80**	**61.51**	**63.04**	62.79	62.82	62.76	**64.60**
1	**62.63**	**62.80**	61.78	**62.65**	**64.30**	**65.23**	64.90	64.84	64.92	**66.78**
2	**62.18**	**62.43**	61.34	**62.17**	**63.76**	**64.74**	64.50	64.36	64.39	**66.18**
3	**61.47**	**61.78**	60.66	**61.49**	**63.01**	**64.00**	63.81	63.66	63.68	**65.38**
4	**60.67**	**61.02**	59.91	**60.72**	**62.17**	**63.19**	63.00	62.88	62.88	**64.54**
5	**59.85**	**60.22**	59.11	**59.91**	**61.32**	**62.34**	62.14	62.06	62.05	**63.65**
10	**55.44**	**55.84**	54.78	**55.54**	**56.85**	**57.79**	57.63	57.63	57.59	**59.04**
15	**50.89**	**51.32**	50.24	**51.02**	**52.22**	**53.11**	52.98	53.00	52.96	**54.36**
20	**46.51**	**47.01**	45.82	**46.67**	**47.77**	**48.61**	**48.56**	48.52	48.51	**49.82**
25	**42.24**	**42.84**	41.51	**42.42**	**43.46**†	**44.32**	**44.37**	44.16	44.25	**45.46**
30	**37.99**	**38.63**†	37.21	**38.14**	**39.14**†	**40.07**	**40.17**	39.85	**40.00**	**41.16**
35	**33.77**	**34.39**†	32.97†	**33.88**†	**34.81**†	**35.82**	**35.97**	35.55	**35.75**	**36.83**
40	**29.66**†	**30.24**†	28.89†	**29.73**†	**30.63**†	**31.58**	**31.80**	31.32	**31.55**	**32.51**
45	**25.71**†	**26.21**†	24.98†	**25.76**†	**26.59**†	**27.44**	**27.67**	27.21	**27.44**	**28.30**
50	**21.90**†	**22.33**†	21.26†	**21.94**†	**22.68**†	**23.45**	**23.66**	23.24	**23.45**	**24.22**†
55	**18.25**†	**18.59**†	17.77†	**18.30**†	**18.98**†	**19.65**	**19.79**	19.49	**19.61**	**20.30**†
60	**14.88**†	**15.13**†	14.58†	**14.92**†	**15.56**†	16.05	**16.14**	16.01	16.04	**16.60**†
65	**11.81**†	**11.97**†	11.70†	**11.88**†	**12.41**†	12.77	12.79	12.83	12.79	**13.22**†
70	9.10†	**9.23**†	9.18†	9.20†	**9.63**†	9.87†	9.85	**10.02**†	9.91	**10.23**†
75	6.85	6.97†	7.02†	6.96†	**7.30**†	7.42†	7.40	**7.60**†	7.47	**7.68**†
80	5.07	5.18†	**5.29**	5.17	**5.40**†	5.47†	5.45	**5.66**	5.58	**5.68**†
85	3.71	3.89	**3.98**	3.70	3.94	4.05	4.00	**4.23**	4.15	4.19
90	2.66	2.80	**3.02**	2.53	2.73†	2.96	2.95	3.06	3.01	2.91
	Mortality Rate per 1,000									
0	60.91	**59.44**	**60.30**	61.04	**58.55**	48.58	**47.48**	**46.28**	48.24	**47.29**
1	**8.83**	10.04	**9.13**	**8.25**	**7.18**	**7.79**	9.30	**8.01**	**7.22**	**5.98**
2	**4.73**	5.63	**5.23**	**5.10**	**3.93**	**4.08**	4.88	4.71	**4.48**	**3.08**
3	**3.26**	3.89	4.22	3.79	**2.56**	**2.99**	3.00	3.46	**3.20**	**2.48**
4	**2.96**	3.32	3.35	3.13	**2.45**	**2.34**	**2.24**	2.95	2.65	**1.79**
5	2.61	2.83	2.84	2.69	**2.23**	**1.94**	**1.92**	2.52	2.27	**1.47**
10	1.55	1.60	1.72	1.61	**1.26**	**1.04**	1.16	1.31	1.25	**1.05**
15	2.14	2.30	**2.09**	2.27	**1.81**	**1.55**	1.75	1.70	1.76	**1.41**
20	**3.03**	3.40	**2.95**	3.23	**2.84**	**2.69**	3.10	**2.55**	2.89	**2.34**
25	**3.61**	3.86	**3.37**	**3.51**	**3.28**	3.45	3.74	**3.08**	3.52	**3.06**
30	**4.09**	**3.95**	**3.92**	**3.82**	**3.41**	3.76	3.92	**3.52**	**3.70**	**3.35**
35	**4.97**	**4.76**	5.21	**4.72**	**4.35**	**4.19**	4.54	**4.13**	4.32	**3.67**
40	**6.70**	**6.04**	7.17	**6.52**	**5.97**	**5.17**	5.41	5.34	5.40	**4.57**
45	**8.85**	**8.21**†	9.78	**8.78**†	**7.82**†	**6.90**	**6.78**	7.20	7.03	**6.17**
50	**11.74**†	**10.81**†	13.40†	**11.76**†	**10.64**†	9.63	**9.09**	10.00	**9.41**	**8.46**
55	**16.75**†	**15.48**†	19.23†	**16.51**†	**15.57**†	**13.63**	**12.75**	14.60	**13.55**	**12.09**
60	**24.51**†	**22.71**†	27.48†	**24.69**†	**22.48**†	**19.89**	**18.95**	21.39	**20.40**	**18.07**
65	**36.22**†	**34.95**†	40.01†	**36.83**†	**33.24**†	**30.63**	**29.74**	32.00	**31.05**	**28.12**†
70	**55.92**†	**55.42**†	58.25†	**55.89**†	**51.80**†	**47.99**	**47.58**	**48.31**	**47.95**	**44.52**†
75	87.08†	**84.97**†	86.55†	85.97†	**79.07**†	75.51	75.78	**74.17**	76.90	**71.56**†
80	132.74†	131.40†	128.55†	**127.55**	**121.71**†	119.66†	118.49	116.67†	118.54	**114.55**†
85	192.40†	185.31	183.43†	188.70	**176.77**†	176.78†	179.36†	**167.61**†	171.43	**165.15**†
90	273.90†	256.92	**249.88**†	283.93†	260.52†	248.63	248.90†	**234.74**	242.60	240.62†

Note: Figures in bold face indicate mortality more favorable than in United States as a whole. The corresponding values for the United States, 1929–1931, were published in the Statistical Bulletin of April, 1934.

†Indicates retrogression from the corresponding value according to the Foudray table for 1919–1920.

Next in order come Indiana with 53.7 per cent. rural population; Ohio with 41.1 per cent.; Michigan with 39.4 per cent. and Illinois with 34.9 per cent. For the Registration States of 1929 as a whole, the percentage of rural population is 51.4. The corresponding expectation of life of white males, at birth, for these states is Wisconsin, 61.51; Indiana, 60.04; Michigan, 59.80; Ohio, 59.78; Illinois, 59.02, and for the Registration States, 59.31. It will be seen that, except for the interchange of Ohio and Michigan, these two orders of rank of the five States are the same, and as regards Ohio and Michigan their expectations of life are so nearly alike they could be regarded as practically tied.

While in the case of white males there is this close parallelism between the proportion of rural population and the expectation of life, in the case of white females the only such parallelism is that Wisconsin heads the list on either basis. Nevertheless, from the evidence of the white male population, it appears that the State of Wisconsin owes its position of first rank in longevity at least in part to the fact that it has a relatively high proportion of rural population, for, as already remarked, it is a well known fact that rural deathrates on the whole are lower than the urban.

Thus Wisconsin, while in the lead, actually enters the race with an advantage in its favor from the start, while on the contrary the State of Illinois, which has the lowest longevity of the group, is materially handicapped with only 34.9 per cent. of its population rural, as against 56.3 in Wisconsin. These facts must be borne in mind in making a comparison between the states.

Health Record for May, 1934

While 1934, to date, has been by no means an unsatisfactory year from the standpoint of the public health, there are already reliable indications that it is not destined to record as low a deathrate as that for any of the four years immediately preceding it. The best indication of this is the mortality record of the millions of Industrial policyholders of the Metropolitan Life Insurance Company, which shows that, up to the end of May, the cumulative 1934 mortality rate was 4.4 per cent. higher than that for the like months of 1933—the record health year of all time. Supplementing the data for this large insured group, there are the facts for 86 leading cities shown in the Weekly Health Index of the Bureau of the Census. In these cities, the year-to-date mortality rate, up to the week ending June 2, was 5.1 per cent. above that for the corresponding part of last year.

Judging from the mortality records of the Metropolitan Industrial policyholders, the 1934 increase in mortality has not extended to the Pacific Coast and Mountain States. In the rest of the United States,

however, where the great bulk of the insured live, the deathrate was 5.2 per cent. higher than that for the January-May period of 1933. In Canada, where there are approximately 1,100,000 Metropolitan Industrial policyholders, the cumulative deathrate shows no increase whatever this year.

Turning to the facts for the important causes of death, we find that several are exhibiting markedly higher rates than were in evidence during the first five months of 1933. The mortality for measles and whooping cough, for example, has about doubled; the cancer deathrate is up 7.7 per cent.; that for heart disease 6.6 per cent.; that for diabetes 4.9 per cent.; for cerebral hemorrhage 4.8 per cent.; for chronic nephritis 3.3 per cent.; for pneumonia 15.7 per cent.; for accidents (all forms) 10.1 per cent. and for automobile fatalities 15.1 per cent. An unusual element in the record of the current year is the greatly increased death toll of pneumonia, as registered for the very same months that have witnessed a drop of more than one-half in deaths from influenza. It is obvious, first, that most of the fatal pneumonia cases of 1934, to date, have not been of influenzal origin; and, second, that an extremely cold winter has played a large part in bringing about this abrupt increase in the mortality from pneumonia.

On the favorable side, the current year bids fair to record new minimum mortality rates for diphtheria, tuberculosis and maternity conditions. Other causes of death which are recording lower 1934 mortality rates are scarlet fever and suicides.

The deathrate in the general population of the large cities of the United States for the month of May was 11.7 per 1,000 estimated population, as compared with 12.3 in April, and 10.9 in May of last year. The diseases to show increased prevalence during May, as compared with April, were poliomyelitis and typhoid fever; those whose prevalence declined were diphtheria, influenza, measles, scarlet fever and smallpox. As compared with May, 1933, there was more illness from influenza, measles, poliomyelitis and scarlet fever, with fewer cases of diphtheria and smallpox.

Measles has been unusually prevalent this year, but cases are now showing a seasonal decline. Reports from 41 states show 108,207 cases in May as compared with 118,692 in April.

The situation with respect to poliomyelitis is disturbing, as reports from 44 states show 238 cases in May, as compared with only 87 in April. It is true that the great bulk of this increase occurred in California (from 33 to 161). Apparently this state is facing another serious epidemic of poliomyelitis, as cases of this disease have been increasing in geometrical proportion for several weeks.

The following items are of special public health interest. The SALT LAKE COUNTY MEDICAL SOCIETY and the SALT LAKE CITY BOARD OF HEALTH are concentrating on a

campaign to reduce the mortality from appendicitis in Salt Lake City. Warnings are being given to the public against the taking of laxatives for abdominal pain; and the public is being urged to give prompt medical attention to such pain. Questionnaires are being sent to physicians and it is hoped that their answers will lead to the evaluation of the factors that make for success or failure in the treatment of appendicitis. A health survey of New Mexico, sponsored by the NEW MEXICO TUBERCULOSIS ASSOCIATION, was concluded on April 30th. There was a special survey of syphilis in one district. Blood examinations were made in every district visited and it was found that active syphilis appeared to be about twice as common as active tuberculosis. The morbidity rate of active adult tuberculosis is twice as high among Anglo-Americans as among Spanish-Americans, while the childhood type is twice as high among the Spanish-American school children as among the Anglo-American. Other interesting findings were also reported. Drs. HAVEN EMERSON and GERTRUDE STURGES, of New York, are conducting a social service survey in Detroit; and the WAYNE COUNTY MEDICAL SOCIETY is sponsoring a similar study. Results of questionnaires will be tabulated and submitted to the COUNCIL OF SOCIAL AGENCIES. New Jersey has passed an act authorizing the State Department of Health to purchase and distribute diphtheria toxoid and toxin-antitoxin, as well as smallpox vaccine.

The following table shows the mortality among Industrial policyholders for May, 1934; April, 1934, and May, 1933, together with the cumulative rates for the first five months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF MAY, 1934; APRIL, 1934, AND MAY, 1933

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	May 1934	Apr. 1934	May 1933	Cumulative January-May	
				1934	1933
TOTAL—ALL CAUSES	908.3	937.0	862.4	965.4	924.5
Typhoid fever	.7	1.4	.8	1.0	.8
Measles	6.3	7.0	3.3	4.9	2.4
Scarlet fever	2.1	3.9	3.6	3.5	3.8
Whooping Cough	4.4	3.6	1.6	4.1	2.3
Diphtheria	1.3	1.2	1.1	2.2	2.3
Influenza	11.5	17.2	11.5	18.2	37.5
Tuberculosis (All forms)	66.3	63.1	68.8	64.4	67.0
Tuberculosis of respiratory system	58.7	55.1	59.6	56.8	59.9
Cancer (All forms)	96.7	92.8	91.2	97.5	90.5
Diabetes mellitus	23.9	28.2	22.1	27.6	26.3
Cerebral hemorrhage; apoplexy	67.9	70.5	67.2	72.2	68.9
Diseases of heart†	172.2	173.0	166.2	189.3	177.5
Pneumonia (All forms)	80.5	104.8	61.3	100.0	86.4
Other respiratory diseases	11.3	12.2	10.7	12.0	11.4
Diarrhea and enteritis	9.0	5.5	7.8	7.3	7.1
Chronic nephritis (Bright's disease)	64.4	73.5	67.4	72.6	70.3
Puerperal state—Total	9.4	9.5	10.5	9.9	10.3
Suicides	11.4	9.3	10.0	10.1	10.3
Homicides	6.1	5.3	5.7	5.8	5.8
Accidents—Total	51.0	46.8	49.8	53.3	48.4
Automobile accidents	17.3	17.0	17.9	19.1	16.6
All other diseases and conditions	211.9	208.2	201.9	209.7	195.4

*The rates for 1934 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

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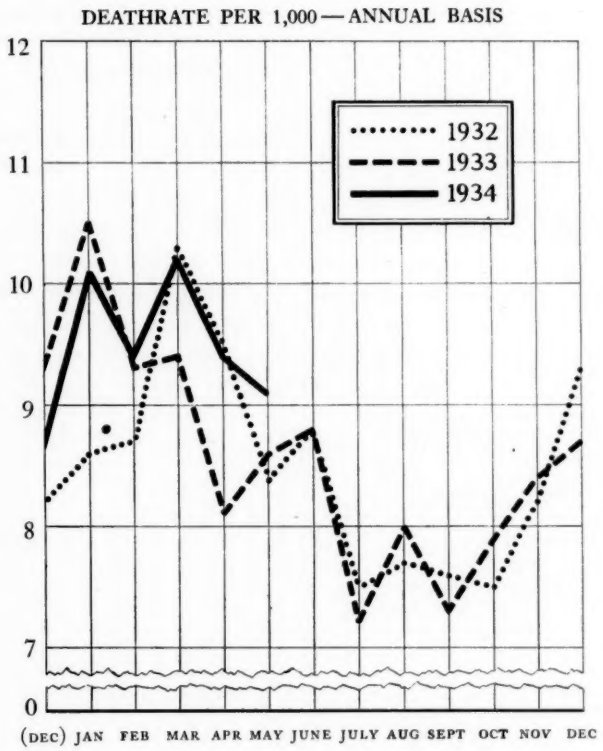
DEATHRATES FROM ALL CAUSES

in the Metropolitan Life Insurance Company
Industrial Department



1932	8.6	8.7	10.3	9.5	8.4	8.8	7.5	7.7	7.6	7.5	8.2	9.3
1933	10.5	9.3	9.4	8.1	8.6	8.8	7.2	8.0	7.3	7.9	8.4	8.7
1934*	10.1	9.4	10.2	9.4	9.1							

* *Rates for 1934 are provisional.*

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